

Welcome to UMH



UNITED METHODIST HOMES
Code of Conduct

Dear Team Members,

We have a long tradition of providing healthcare services to older adults in a way that demonstrates Christian love and compassion. We strive to follow our faith-based heritage of ethical and moral decision-making in the care we provide. This heritage enables us to share our values with the residents we serve.

The healthcare industry is constantly changing and is impacted by numerous laws and regulations. In our desire to establish a workplace that complies with these laws and regulations, we have developed a Compliance and Ethics Program that supports United Methodist Homes TEAM MEMBERS in making the right decisions. This document, called the Code of Conduct, represents the primary focus for our Compliance and Ethics Program. The Code of Conduct not only reflects our heritage and values but also serves as a bold statement that influences how we enhance a resident's quality of life.

The Compliance and Ethics Program and the Code of Conduct exist to guide our normal decisions that are both ethical and compliant with applicable laws, statutes, and regulations. Our Code of Conduct does not replace each person's obligation in making wise, fair, and honest decisions. It is intended to explain our personal and organizational responsibility and to reflect those areas in which improper or unwise decisions can harm our entire organization and impair our commitment to share love and compassion with those we serve.

We value your contribution to the residents and appreciate your support in properly maintaining the most ethical workplace possible. We commend you for your commitment to honesty and integrity, which are also part of United Methodist Home's values. Each TEAM MEMBER is responsible for helping to protect our work environment and its compliance with laws and regulations. I thank you for your commitment and contribution to United Methodist Home's mission, values and, most importantly, to our residents.

Sincerely, Brian Picchini, CEO/President

Scope of our Program

Our Compliance and Ethics Program Code of Conduct covers the compliance issues, laws and regulations, and guidelines that are relevant to a provider of senior services, including Senior Living Communities that provide a wide range of healthcare services. This includes but is not limited to Medicare and Medicaid regulatory issues; guidelines from the Office of Inspector General, Internal Revenue Service, and the Office of Civil Rights of the Department of Health and Human Services, Occupational Safety and Health Administration; as well as other federal and state regulatory and business issues. The program fosters a culture of compliance that promotes legal and ethical behavior in the workplace by creating processes that detect and prevent fraud, waste, abuse, and policy violations. Our compliance policies and procedures support the Code of Conduct and should be read and understood jointly with those policies and procedures.

We use the term TEAM MEMBER to define the various individuals who are associated with United Methodist Homes. All individuals, including employees, contractors, volunteers, directors, and officers, are members of our team that provides care and services to our residents. We use the term Resident to refer to individuals who receive the various types of healthcare and other services that we provide.

Any questions regarding the policies in this Code of Conduct, compliance policies, or related references, you should direct them to your immediate supervisor, the Compliance Liaison, a member of the Compliance Committee, or the Compliance Officer.

UMH provides services under the laws of New York and Pennsylvania in the following Areas:

- Adult Care Facilities (ACF)
- Assisted Living Programs (ALP)
- Assisted Living Residences (ALR)
 - Enhanced Assisted Living Residences (EALR)
 - Special Needs Assisted Living Residences (SNALR)
- Health Home
- Home Care
- Residential Living
- Skilled Nursing

Compliance Officer

Our Compliance Officer has the responsibility to assist the Compliance Committee, the CEO, and the Board of Directors in designing and overseeing efforts in establishing, maintaining, and monitoring compliance within our organization.

The Compliance Officer works with our Compliance Committee and has direct reporting responsibility to the Board of Directors. The Compliance Officer is responsible for continued coordination with the Compliance Committee for the development, implementation, training, monitoring, and enforcement activities related to the overall compliance program.

Compliance Program Management

Our Board of Directors, through the CEO/President, carries the overall responsibility for creating a culture that values and emphasizes compliance and integrity.

Our Compliance Officer has been appointed by the Board of Directors as the Compliance Officer and is responsible for coordinating the day-to-day compliance activities in conjunction with the Compliance Committee. These activities include audits, responses to hotline calls, and leading the organization's Compliance Committee. As a function of this role, the Compliance Officer also functions as the Privacy Officer.

The United Methodist Homes Compliance Committee is comprised of members from each campus and the corporate office, with key staff positions. The Compliance Officer is the chairperson for this committee. The committee meets at least quarterly, and more frequently as needed.

Introduction

The Code of Conduct is the foundation of the Compliance and Ethics Program. The Code of Conduct is a guide to appropriate workplace behavior; it will help you make the right decisions if you are not sure how to respond to a situation. All TEAM MEMBERS must comply with both the spirit and the letter of federal, state, and local laws and regulations that apply to the healthcare and other services that our organization provides, as well as all laws that apply to our business dealings. Violations of these laws and regulations can result in severe penalties for us and the individuals we do work with, including financial penalties, exclusion from participation in government programs, and, in some cases, imprisonment.

As TEAM MEMBERS, we share a commitment to legal, ethical, and professional conduct in everything that we do. We support these commitments in our work each day, whether we care for residents, order supplies, prepare meals, keep records, pay invoices, or make decisions about the future of our organization.

The success of United Methodist Homes as a provider of healthcare and other services depends on you, your personal and professional integrity, your responsibility to act in good faith, and your obligation to do the right things for the right reasons.

The Compliance and Ethics Program provides principles and standards to guide you in meeting your legal, ethical, and professional responsibilities. As a TEAM MEMBER, you are responsible for supporting the Compliance and Ethics Program in every aspect of your workplace behavior. Your continued working relationship with our organization includes understanding and adhering to the Compliance and Ethics Program.

The Code of Conduct discusses the importance of:

Care Excellence – providing quality, compassionate, respectful, and clinically-appropriate care.

Professional Excellence – maintaining ethical standards of healthcare and business practices.

Regulatory Excellence – complying with federal and state laws, regulations, and guidelines that govern healthcare, housing services, and other services we provide.

A Shared Responsibility

Because we are in the business of caring for and providing services for others, it is critical that each of us adheres to appropriate standards of behavior. As individuals and as an organization, we are responsible to many different groups.

We must act ethically and responsibly in our relations with:

- Residents and their families
- Colleagues and co-workers
- Volunteers and affiliated colleagues
- Healthcare payers, including the federal and state governments
- Regulators, surveyors, and monitoring agencies
- Physicians, Nurse Practitioners, Physician Assistants
- Vendors and contractors
- Business associates
- The communities we serve

Any compromise in our standards could harm our residents, our co-workers, and our organization. Like every organization that provides healthcare, we do business under very strict regulations and close governmental oversight. Fraud, waste, and abuse are serious

issues. Sometimes even an innocent mistake can have significant consequences that could result in substantial penalties to United Methodist Homes.

All TEAM MEMBERS are required to complete training on the Code of Conduct and the Compliance and Ethics Program as a condition of employment or business relationship. The Code of Conduct sets forth mandatory standards.

There is no justification for departing from the Code of Conduct no matter what the situation may be.

Every TEAM MEMBER is responsible for ensuring that he or she complies with the Code of Conduct and all policies and procedures. Any TEAM MEMBER who violates these standards and/or policies and procedures is subject to discipline up to and including termination.

A Personal Obligation

As we are each responsible for following the Code of Conduct in our daily work, we are also responsible for enforcing it. This means that you have a duty to report any problems you observe or perceive, regardless of your role.

As a TEAM MEMBER, you must help ensure that you are doing everything practical to comply with applicable laws. If you observe or suspect a situation that you believe may be unethical, illegal, unprofessional, or wrong, or you have a clinical, ethical, or financial concern, you must report it. You are expected to satisfy this duty by complying with the Three Step Reporting Process. If you fail to report noncompliance with the Code of Conduct, policies and procedures, or applicable federal or state laws, you will be subject to discipline up to and including termination. We have a zero tolerance for retaliation. No one may retaliate against a member who reports a concern in good faith.

Reporting Compliance Concerns

The Three-Step Reporting Process:

First, talk to your supervisor. He or she is most familiar with the laws, regulations, and policies that relate to your work.

Second, if you do not want to talk to your supervisor, seek out another member of the leadership team or someone from human resources.

Third, if you still have a concern, contact the Compliance Liaison, a member of the organization's Compliance Committee, or the Compliance Officer.

Compliance Line – 800-646-9066

*All calls to this number are confidential; you may call this line anytime. You may also remain anonymous if you choose. *

The Compliance Line is available 24 hours a day, 7 days a week, for callers to report compliance-related issues. Concerns that are reported to the Compliance Line are taken seriously.

You can make calls to the Compliance Line without fear of reprisal, retaliation, or punishment for your actions. Anyone, including a supervisor who retaliates against a Team Member for contacting the Compliance Line or reporting a compliance issue in any other manner, will be disciplined.

Care Excellence

Our most important job is providing quality care to our residents. This means offering compassionate support to our residents and working toward the best possible outcomes while following all applicable rules and regulations including the Medicare Conditions of Participation.

Resident Rights

Residents receiving healthcare and other services have clearly defined rights. A document describing these rights is provided to each resident upon admission and is posted in conspicuous locations throughout the organization for the residents' and your reference.

To honor these rights, we must:

- Make no distinction in the admission, transfer, or discharge of a resident, or in the care we provide on the basis of race, gender, age, religion, national origin, disability, color, marital status, veteran status, medical condition, sexual orientation, or other protected class status, insurance, or financial status
- Treat all residents in a manner that preserves their dignity, autonomy, self-esteem, and civil rights
- Protect every resident from physical, emotional, verbal, or sexual abuse or neglect
- Protect all aspects of resident privacy and confidentiality
- Respect residents' personal property and money and protect it from loss, theft, improper use, and damage
- Respect the right of residents and/or their legal representatives to be informed of and participate in decisions about their care and treatment
- Respect the right of residents and/or their legal representatives to access their medical records as required by the Health Information Portability and Accountability Act (HIPAA)

- Recognize that residents have the right to consent to or refuse care and the right to be informed of the medical consequences of such refusal
- Protect residents' rights to be free from physical and chemical restraints
- Respect the residents' right to self-determination and autonomy.

Abuse and Neglect

We will not tolerate any type of resident abuse or neglect – physical, emotional, verbal, financial, or sexual. Residents must be protected from abuse and neglect by TEAM MEMBERS, family members, legal guardians, friends, or any other person. This standard applies to all residents at all times.

Federal law defines abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, pain, or mental anguish. Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. The failure to follow a resident's care plan may constitute abuse.

The Federal Government defines abuse as:

Abuse – the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse, including abuse facilitated or enabled through the use of technology.

The term includes the following:

- Verbal Abuse - Any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to clients or their families, or within their hearing distance, regardless of age, ability to comprehend, or disability.
- Sexual Abuse – Includes sexual harassment, sexual coercion, or sexual assault.
- Physical Abuse – Includes hitting, slapping, pinching, kicking. The term also includes controlling behavior through corporal punishment or deprivation.
- Mental Abuse – Include humiliation, harassment, threats of punishment, or deprivation.
- Involuntary Seclusion – Includes separation of a resident from other residents, from his or her room, or confinement to his or her room against the resident's will or the will of the resident's legal representative.

- Neglect– The deprivation by a caretaker of goods or services that are necessary to maintain physical or mental health.

Any TEAM MEMBER who abuses or neglects a resident is subject to termination. In addition, legal or criminal action may be taken. Abuse and neglect MUST BE REPORTED IMMEDIATELY to your supervisor or other member of management.

Elder Justice Act

The Elder Justice Act requires timely reports of any reasonable suspicion of a crime against a resident of a long-term care facility. You must report your reasonable suspicion to the appropriate state agency and local law enforcement within two (2) hours if the suspected crime involves serious bodily injury or within 24 hours if the suspected crime does not involve serious bodily injury.

DO NOT call the Compliance Line for allegations of abuse or neglect. Report abuse or neglect immediately to your supervisor!

Resident Confidentiality/HIPAA

All Team Members must use and disclose medical, financial, or personal information only in a manner consistent with the HIPAA Privacy policies and procedures and state and federal law. You are responsible for keeping the resident's protected health information (PHI) confidential. PHI is defined as individually identifiable health information that is transmitted or maintained in any form or medium, including electronic health information.

Any unauthorized exposure of PHI that compromises the security or privacy of information is a potential breach.

If you become aware of a breach of any protected or sensitive information, it is important that you report it immediately to your supervisor, Compliance Liaison, or the Compliance and Privacy Officer.

If the disclosure results in a breach, United Methodist Homes must investigate and comply with all state and federal HIPAA regulations for breach notification.

Resident Property

Team Members must respect residents' personal property and protect it from loss, theft, damage, or misuse. Team Members who have direct access to resident funds (e.g., resident trust funds) must maintain accurate records and accounts.

Providing Quality Care

Our primary commitment is to provide the care, services, and resources necessary to help each resident reach or maintain his or her highest possible level of physical, mental, and psychosocial well-being. United Methodist Homes has policies and procedures and provides training and education to help each TEAM MEMBER strive to achieve this goal.

Our care standards include:

- Accurately assessing the individual needs of each resident and developing interdisciplinary care plans that meet those assessed needs
- Reviewing goals and plans of care to ensure that the residents' ongoing needs are being met.
- Providing only medically necessary, physician-prescribed services and products that meet the residents' clinical needs
- Confirming that services and products (including medications) are within accepted standards of practice for the resident's clinical condition
- Ensuring that services and products are reasonable in terms of frequency, amount, and duration
- Measuring clinical outcomes and resident satisfaction to confirm that quality of care goals are met
- Providing accurate and timely clinical and financial documentation and record keeping
- Ensuring that residents' care is given only by properly licensed and credentialed providers with appropriate background, experience, and expertise
- Reviewing resident care policies and procedures and clinical protocols to ensure that they meet current standards of practice
- Monitoring and improving clinical outcomes through a Quality Assurance Performance Improvement (QAPI) Committee with established benchmarks.

Medical Services

We are committed to providing comprehensive, medically necessary services for our residents. The Medical Director provides oversight to physicians and other medical providers and services as defined by state and federal regulations. The Medical Director oversees the care

and treatment policies and is actively involved in the Quality Assurance Performance Improvement (QAPI) Committee.

Professional Excellence

The professional, responsible, and ethical behavior of every TEAM MEMBER reflects on the reputation of our organization and the services we provide. Whether you work directly with residents or in other areas that support resident services, you are expected to maintain our standards of honesty, integrity, and professional excellence every day.

Hiring and Employment Practices – UMH is committed to fair employment practices.

When hiring and evaluating, we:

- Comply with federal, state, and local Equal Employment Opportunity laws, hiring the best qualified individuals regardless of race, color, age, religion, national origin, gender identity, sexual orientation, genetic information, or disability. All promotions, transfer evaluations, compensation, and disciplinary actions also follow this policy.
- Conduct employment screenings to protect the integrity of our workforce and the welfare of our residents and TEAM MEMBERS
- Require all who need licenses or certifications to maintain their credentials in compliance with state and federal laws. Documentation of licenses or certifications must be provided

Employee Screening

Employees are screened in accordance with federal and state law to ensure the safety of our residents. Screening procedures have been implemented and are conducted prior to hire and at a minimum of monthly thereafter.

As long as you are employed or affiliated with United Methodist Homes, you must immediately report to your supervisor:

- If you are arrested or indicted for a criminal offense
- If you are convicted of an offense that would preclude employment in a healthcare facility
- If action has been taken against your license or certification
- If you are excluded from participation in a federal or state healthcare program

Licensure, Certification, and Exclusion Screening

We are committed to ensuring that only qualified professionals provide care and services to residents. Practitioners and other professionals treating residents must abide by all applicable licensing, credentialing, and certification requirements. In addition, every effort is made to validate licenses and certifications through the appropriate state or federal agency.

United Methodist Homes is prohibited by federal law from employing, retaining, or contracting with anyone who is excluded from any federal or state-funded programs. Screening of all TEAM MEMBERS through the Office of Inspector General's List of Excluded Individuals and Entities, GSA's System of Award Management, and the New York and Pennsylvania Medicaid Excluded Provider List database is conducted prior to hire and at a minimum of quarterly thereafter.

Employee Relations

To maintain an ethical, comfortable work environment, staff must:

- Refrain from any form of sexual harassment or violence in the workplace
- Treat all colleagues and co-workers with equal respect, regardless of their national origin, race, color, religion, sexual orientation, age, gender identity, or disability.
- Protect the privacy of other TEAM MEMBERS by keeping personal information confidential and allowing only authorized individuals access to the information.
- Behave professionally and use respectful communication at all times.

Workplace Safety

Maintaining a safe workplace is critical to the well-being of our residents, visitors, and co-workers. That is why policies and procedures have been developed describing the organization's safety requirements. Every TEAM MEMBER should become familiar with safety regulations and emergency plans regarding fire and disaster in his or her work area.

In addition to organizational policies, we must abide by all environmental laws and regulations. You are expected to follow organizational safety guidelines and to take personal responsibility for helping to maintain a secure work environment. If you notice a safety hazard, you must take action to correct it if you can or to report it to your supervisor immediately.

Organizational Relations

Professional excellence in organizational relations includes:

- Complying with federal tax law to maintain tax-exempt status under section 501(c)(3) of the Internal Revenue Code
- Maintaining company privacy and keeping proprietary information confidential
- Avoiding outside activities or interests that conflict with responsibilities to United Methodist Homes and reporting such activity or interest prior to and during employment
- Allowing only designated management staff to report to the public or media
- Requiring that United Methodist Homes comply with the licensing and certification laws that apply to its business.

Proprietary Information

In the performance of your duties you, may have access to, receive, or may be entrusted with confidential and/or proprietary information that is owned by United Methodist Homes and that is not presently available to the public. This type of information should never be shared with anyone outside the organization without authorization from a member of the leadership team.

Examples of proprietary information that should not be shared include:

- Resident and TEAM MEMBER data and information
- Details about clinical programs, procedures, and protocols
- Policies, procedures, and forms
- Training materials
- Current or future charges or fees or other competitive terms and conditions
- Current or possible negotiations or bids with payers or other clients
- Compensation and benefits information for staff
- Stocks or any kind of financial information
- Market information, marketing plans, or strategic plans

Gifts

You may not accept any tips or gratuities from residents, and you may not receive individual gifts from residents. You may not give gifts to residents unless they are part of the campus gift program managed by the activities department. Sometimes, even a well-intended gift can cross the line. Any gift that creates a sense of obligation, coercion, or that a resident may view as a condition of compromise is always inappropriate.

You may not borrow money from or lend money to residents, nor may you engage with residents in the purchase or sale of any item. No TEAM MEMBER may accept any gift from a resident under a will or trust instrument except in those cases where they are related by blood or marriage.

TEAM MEMBERS may not serve as a resident's executor, trustee, administrator, or guardian, or provide financial services or act under a power of attorney for a resident, except in those cases where they are related by blood or marriage, unless otherwise allowed by state law.

Business Courtesies

United Methodist Homes prohibits any TEAM MEMBER from offering, giving, soliciting, or accepting business or professional courtesies including entertainment and gifts that could be interpreted as attempts to influence decision-making. An occasional gift or offer of entertainment is often viewed as a normal part of doing business, but sometimes even a well-intended gift or offer can cross the line. Any gift that creates a sense of obligation or compromises your professional judgment is always inappropriate. Nominal gifts such as baked goods, flowers, or candy can be accepted if shared with all staff members.

Employees are prohibited from soliciting or accepting anything of value from vendors or prospective vendors to the extent that decision-making may be influenced. The acceptance of nominally-valued goods such as pens, pads, or coffee mugs is allowed. If an employee has a concern whether the offer is acceptable, he or she should consult with the compliance officer, an impartial third party, so an analysis can be conducted.

While attending a conference or seminar, employees are prohibited from accepting excessive gifts from vendors such as room and board, travel expenses, entertainment or other goods and services that have more than a nominal value unless the host is present. A meal of nominal value can be accepted as long as business is conducted.

Gifts or entertainment given or received should:

- Be nominal in value, no cash or cash-like gifts over \$25.00
- Be infrequent
- Satisfy a reasonable business networking purpose
- Not reflect poorly or embarrass United Methodist Homes
- Not be accepted unless the host is present

Conflict of Interest

A conflict of interest exists any time your loyalty to the organization is, or even appears to be, compromised by a personal interest.

There are many types of conflict of interest and these guidelines cannot anticipate them all, however the following provide some examples:

- Financial involvement with vendors or others that would cause you to put their financial interests ahead of ours
- TEAM MEMBER/Officer participation in public affairs, corporate or community directorships, or public office
- An immediate family member who works for a vendor or contractor doing business with the organization and who is in a position to influence your decisions affecting the work of the organization
- Participating in transactions that put your personal interests ahead of United Methodist Homes or cause loss or embarrassment to the organization
- Taking a job outside of United Methodist Homes that overlaps with your normal working hours or interferes with your job performance
- Working for United Methodist Homes and another vendor that provides goods or services at the same time

All TEAM MEMBERS must seek guidance and approval from our CEO or Compliance Officer before pursuing any business or personal activity that may constitute a conflict of interest.

Use of Property

We must protect the assets of the organization and ensure their authorized and efficient use. Theft, carelessness, and waste have a direct impact on the organization's viability. All assets must be used solely for legitimate business purposes. We are committed to creating an environment for our residents that is free of political banter. The purpose is to reduce disruption in the lives of our residents and employees. When appropriate United Methodist Homes will work through agencies such as LeadingAge to bring our concerns to government officials.

Everyone must make sure that he or she:

- Only use the property for the organization's business, not for personal use unless approved in writing by campus administration

- Exercise good judgment and care when using supplies, equipment, vehicles, and other property
- Respect copyright and intellectual property laws
- If unable to assess the copyright or intellectual property laws, never copy material and/or download software
- Do not engage in or offer political viewpoints during work time
- Refrain from wearing clothing or other wearable items that present a message that can be interpreted as a personal opinion regarding political viewpoints.
- It is inappropriate to distribute written literature that is not part of United Methodist Homes' business

The occasional use of company equipment and supplies with insignificant financial impact is permitted. Insignificant use is defined by the following examples: occasional use of email to contact a spouse, a call to a sitter when a child is ill or making a photocopy of a document.

Computers/Internet

TEAM MEMBERS are expected to use computers, email, and Internet/intranet systems appropriately and according to the established policy and procedure. You are not permitted to use the Internet for improper or unlawful activity or to download any games or music without prior approval.

Internet use can be tracked, and how you use your time on the Internet may be monitored. You should have no expectation of privacy when you use our computers, email, and Internet/intranet system. Our organization has the right to sanction or discipline employees who violate the Code of Conduct in a digital, cyber, or other non-face-to-face environment. You should be familiar with and abide by our Social Media expectations outlined in the employee handbook.

Vendor Relationships

We take responsibility for being a good client and dealing with vendors honestly and ethically. We are committed to fair competition among prospective vendors and contractors for our business. Arrangements between United Methodist Homes and its vendors must always be approved by management. Certain business arrangements must be detailed in writing, and approved by management. Agreements with contractors and vendors who receive resident information, with the exception of care providers, will require a Business Associate Agreement (BAA) with the organization as defined by HIPAA.

Contractors and vendors who provide resident care, reimbursement, or other services to resident beneficiaries of federal and/ or state healthcare programs are subject to the Code of Conduct and must:

- Maintain defined standards for the products and services they provide to us and our residents
- Comply with all policies and procedures as well as the laws and regulations that apply to their business or profession
- Maintain all applicable licenses and certifications, and provide evidence of sanction screening, current workers compensation, and liability insurance as applicable
- Require that their employees comply with the Code of Conduct and the Compliance and Ethics Program and related training as appropriate

Marketing and Advertising

We use marketing and advertising activities to educate the public, increase awareness of our services, and recruit new TEAM MEMBERS. These materials and announcements, whether verbal, printed, or electronic, will present only truthful, informative, non-deceptive information.

Regulatory Excellence

Because we are in healthcare, we must follow the many federal, state, and local laws that govern our business. Keeping up with the most current rules and regulations is a big job – and an important one. We are all responsible for learning and staying current with the federal, state, and local laws, rules, and regulations, as well as the policies and procedures that apply to our job responsibilities.

Billing and Business Practices

We are committed to operating with honesty and integrity. Therefore, all TEAM MEMBERS must ensure that all statements, submissions, and other communications with residents, prospective residents, the government, suppliers, and other third parties are truthful, accurate, and complete.

We are committed to ethical, honest billing practices and expect you to be vigilant in maintaining these standards at all times. We will not tolerate any false or inaccurate coding or billing. Any TEAM MEMBER who knowingly submits a false claim, or provides information that may contribute to submitting a false claim, such as falsified clinical documentation, to any payer, public or private, is subject to termination. In addition, legal or criminal action may be taken.

Prohibited practices include, but are not limited to:

- Billing for services or items that were not provided or costs that were not incurred
- Duplicate billing - billing items or services more than once
- Billing for items or services that were not medically necessary
- Assigning an inaccurate code or resident status to increase reimbursement
- Providing false or misleading information about a resident's condition or eligibility
- Failing to identify and refund credit balances
- Submitting bills without supporting documentation
- Soliciting, offering, receiving, or paying a kickback, bribe, rebate, or any other remuneration in exchange for referrals
- Untimely entries into medical records

If you observe or suspect that false claims are being submitted or have knowledge of a prohibited practice, you must immediately report the situation to a supervisor, the Compliance Liaison, the Compliance Officer, or call the Compliance Hotline. Failure to report a known prohibited practice will subject you to disciplinary action up to and including termination.

TEAM MEMBERS and related entities often have close associations with local healthcare providers and other referral sources. To demonstrate ethical business practices, we must make sure that all relationships with these professionals are open, honest, and legal.

Resident referrals are accepted based solely on the clinical needs and our ability to provide the services. United Methodist Homes never solicits, accepts offers, or gives anything of value in exchange for resident referrals or in exchange for purchasing or ordering any good or service for which payment is made by a federal health care program. Anything of value includes any item or service of value including cash, goods, supplies, gifts, "freebies," improper discounts or bribes.

Accepting kickbacks is against our policies and procedures and also against the law. A kickback is anything of value that is received in exchange for a business decision, such as a resident referral.

To assure adherence to ethical standards in our business relationships, you must:

- Verify all business arrangements with physicians or other healthcare providers or vendors in a written document
- Comply with all state and federal regulations when arranging referrals to physician-owned businesses or other healthcare providers

You cannot request, accept, offer, or give any item or service that is intended to influence – or even appears to influence – the referral, solicitation, or provision of healthcare service paid for by any private or commercial healthcare payer or federal or state healthcare program, including Medicare and Medicaid, or other providers.

Inducements to Prospective Residents

You may not provide anything of value, including goods, services, or money, to prospective residents or any beneficiary of a federal or state healthcare program that you know or should know will likely influence that person's selection of a provider of healthcare services.

For the purposes of this policy, anything of value includes but is not limited to any waiver of payment, gift, or free service that exceeds a value of \$10 per item or \$50 annually in total. If you have a question about whether a particular gift or service would be considered "of value," ask your supervisor or the Compliance Liaisons.

Copyright Laws

Most print and electronic materials are protected by copyright laws. TEAM MEMBERS are expected to respect these laws and not reproduce electronic print or printed material without obtaining permission as required by the writer or publisher. When in doubt, ask your supervisor.

Financial Practices and Controls

Ensuring that financial and operating information is current and accurate is an important means of protecting assets. Each one of us must make sure that all information provided to bookkeepers, accountants, reimbursement staff, internal and external auditors, and compliance staff are accurate and complete. This includes ensuring the accuracy of clinical documentation, which supports our reimbursement. We must also comply with federal and state regulations when maintaining clinical records, accounting records and financial statements, and cooperate fully with internal and external audits.

Fair Dealing

All TEAM MEMBERS must deal fairly with residents, suppliers, competitors, and one another. No TEAM MEMBER, manager, or director shall take unfair advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair dealing practice.

Document Creation, Use, and Maintenance

Every TEAM MEMBER is responsible for the integrity and accuracy of documents, records, and e-mails, including, but not limited to, resident medical records, billing records, and financial records. No information in any record or document may ever be falsified or altered.

You must not disclose, internally or externally, either directly or indirectly, confidential information except on a need-to-know basis and in the performance of your duties. Externally disclosed confidential information must follow the organization's policies.

Upon termination of employment, you must promptly return all confidential information, medical and/or business, to the organization. Examples of confidential business information include potential or threatened litigation, litigation strategy, purchases or sales of substantial assets, business plans, marketing strategies, organizational plans, financial management, training materials, fee schedules, department performance metrics, and administrative policies.

Voluntary Disclosure

It is our policy to voluntarily report known overpayments and any improper/irregular conduct, including fraudulent conduct, which affects any federal or state healthcare program. Reporting will be completed within the time frames identified under the Patient Protection and Affordable Care Act.

Government Investigations

United Methodist Homes is committed to cooperating with requests from any governmental inquiry, audit, or investigation.

You are encouraged to cooperate with such requests, conscious of the fact that you have the following rights:

- You have the right to speak or decline to speak
- You have the right to speak to an attorney before deciding to be interviewed
- You can insist that an attorney be present if you agree to be interviewed

In complying with our policy, you must not:

- Lie or make false or misleading statements to any government investigator or inspector
- Destroy or alter any records or documents
- Attempt to persuade another TEAM MEMBER or any person to give false or misleading information to a government investigator or inspector.
- Be uncooperative with a government investigation.

If you receive a subpoena or other written or oral request for information from the government or a court, contact your supervisor, the Compliance Liaison, or the Compliance Officer before responding.

Disciplinary Action

Disciplinary action will be taken against anyone who fails to act in accordance with this Code of Conduct, the Compliance and Ethics Program, supporting policies and procedures, and applicable federal and state laws. Disciplinary action may be warranted in relation to violators of the Compliance and Ethics Program and to those who fail to detect violations or who fail to respond appropriately to a violation, whatever their role in the organization. When taking disciplinary action against a TEAM MEMBER, we will utilize standard disciplinary processes, which may lead to the termination of business relationships and agreements. The Compliance Officer may initiate and recommend corrective or disciplinary action against a TEAM MEMBER through the CEO/President and may monitor appropriate implementation of the disciplinary process. We will discipline anyone who engages in prohibited retaliatory conduct.

Compliance Questions

The laws applicable to our operations are numerous and complicated. When you are not sure whether a particular activity or practice violates the law or the Compliance and Ethics Program, you should not guess the correct answer. Instead, you should immediately seek guidance from your department supervisor or the Compliance Liaison. You will not be penalized for asking compliance-related questions. In fact, we are intent on creating a culture in which you should feel comfortable asking questions to ensure you understand the duties that are imposed upon you under this Code of Conduct, the Compliance and Ethics Program, and other applicable federal and state laws.

Conclusion

The Compliance and Ethics Program is critical to United Methodist Home's continued success. You are crucial in ensuring the integrity of United Methodist Homes.

The Code of Conduct and the Compliance and Ethics Program set standards for the legal, professional, and ethical conduct of our business.

Some key points to remember are:

- United Methodist Homes and all of our TEAM MEMBERS are committed to personal and organizational integrity, to acting in good faith, and to being accountable for our actions.
- The Code of Conduct and the Compliance and Ethics Program prepare us to deal with the growing complexity of ethical, professional, and legal requirements of delivering healthcare.
- The Compliance and Ethics Program is an ongoing initiative designed to foster a supportive work environment, provide standards for clinical and business conduct, and offer education and training opportunities for TEAM MEMBERS.

The success of the United Methodist Home's Compliance and Ethics Program depends on our commitment to act with integrity, both personally and as an organization. As a TEAM MEMBER, your duty is to ensure that the organization is doing everything practicable to comply with applicable laws. You are expected to satisfy this duty by performing your responsibilities in accordance with professional standards, the regulations guiding our business practices, and our policies and procedures.

Toll-Free Compliance Line 1-800-646-9066

Frequently Asked Questions

Q. If I report something that just does not feel right to me, will I get in trouble with my manager?

A. No. You have an obligation to report to the Compliance Liaison, Compliance Committee member or the Compliance Officer anything that you feel is suspicious. As long as you are reporting in good faith, there will be no retaliation.

Q. I have been asked to do something that is wrong and I do not want to do it. What should I do?

A. Talk with the person who asked you to do what you believe is wrong. Explain to them that this just does not sound right. If you are uncomfortable doing this, contact the Compliance Liaison, Compliance Committee member or the Compliance Officer.

Q. A resident's spouse has called the billing department because insurance has not covered their bill in full. I have been asked to add a diagnosis to the claim so that it will be paid. Am I allowed to do this?

A. No. The only person who can add a diagnosis to a medical record is the physician responsible for the resident.

Q. What should I do if asked by my manager to correct a resident's record in preparation of a visit from a Department of Health or other state agency representative?

A. Do not make any changes to the record and contact the Compliance Liaison, Compliance Committee member or the Compliance Officer immediately.

Q. I overheard two certified nursing assistants discussing a resident's care while having lunch in the break room. Should I approach them and let them know that is it wrong for them to have these discussions in public places?

A. It is inappropriate to have this type of discussion in a public place. If you feel comfortable, address it with the employee(s). If you do not feel comfortable, contact the Compliance Liaison, Compliance Committee member or the Compliance Officer immediately.

Q. I applied for a position and was not selected. I believe it was because of my gender, race or sexual orientation. What should I do?

A. You should talk to the hiring manager and find out why you were not selected. If you feel you are more qualified and are not satisfied with the answer, you should contact the Human Resources Department.

Q. My supervisor has been telling jokes that are offensive to me. I have asked him/her to stop, but he/she harasses me. What should I do?

A. Contact your Human Resources department. They will be your representative and ensure that the harassment stops immediately.

Q. I am responsible for setting up a dinner meeting and would like to use my sister, who is a caterer, for this function. I do not see anything inappropriate with her getting the business, but my colleague does. Who is right?

A. Your colleague is right. You must disclose this potential conflict of interest so that it can be evaluated and determined if a conflict actually exists.

Q. I am a nurse and have just found out that my friend's mother was admitted to our nursing center. She is on another unit, and I am not part of her care team. I want to check on her in case my friend asks, so that I am informed of her progress. May I do so?

A. If you are not directly involved with the care, you do not have the right to access the record even if your credentials allow you to do so. You should refer your friend to the team responsible for the care.

Q. What do I do if I notice a computer left open with access to the electronic health record?

A. You should lock the computer screen. We are all responsible for protecting a resident's health information.